File with:

lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319

Fax: 515-281-4073

Reset Form

RECEIVED EMAIL OCT 28 2009

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Commit TEE NAME (Must be same as on Statement of Organization)	
MARY T PRILATER OFFICE	FORM
MARK J. ROCHA FOR CITY COUNCIL IMPORTANT: Indicate by # type of committee you are reporting for: 6	DR-2 DISCLOSURE
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party	(Rev. 07/2007) REPORT
1 (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Othe	Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivi- 11) Local Ballot Issue	· · · · · · · · · · · · · · · · · · ·
CANDIDATE COMMITTEES ONLY:	Comm. #
Candidate Name Political Party (if applie	Logged In
MARK J. ROCHA	Godiniou
	Computer
Office Sought WAM CITY COUNCIL WARN 1 District (if Senate or H	ouse) Audited
Late reports are subject to possible civil and criminal penalties. Pursuant to lowa Code sections	68B.32A(7) and 68A.401(3), the candidate, for a
Mark 1) reha (515) 480-6	991 10-27-09
EIGNATURE OF PERSON FILING REPORT TELEPHONE	886 <u>10-27-09</u> DATE SIGNED
	DATE SIGNED
IAM FILING A 10-24-09 ELECTION REPORT FOR (1) ELE	CTION //2\NON-FI ECTION YEAR
· · · · · · · · · · · · · · · · · · ·	cate by # 1
CHECK IF AMENDMENT TO REPORT DATED	Local Committees, enter Date of Election
☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.	11-3-09
You must continue to file reports until a DR-3 is filed.)	County & Local Committees, enter County in which Election is held
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For Instructions,	See	Back	of F	orm
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(Including candidate's personal funds)

COMMITTEE NAME (Alaskia and a control of the contro

COMMITTEE 147	AME (Must be same as on Statement of Organization)	
MARK	J. ROCHA FOR CITY COUNCIL	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK	j	TO CANDIDATE*	RECEIVED	FUND-
(141142227174)	NUMBER		(if applicable)		RAISER
8-28-09	ID#	MARK J. ROCHA	SELF	2120	
0 20 09	CK#	2316 HILLSIDE AVE	0-AF	\$100.00	
		WESTDES MOINES, IA 50265			
8-29-09	ID#	DINO RODISH		250.00	
	CK#	3400 FULLED RD.		250.00	
	15.	3400 FULLER RD. WEST DES MOINES, IA 50265			
8-30-09	ID#	SHERRY GLADSON			
	CK#			100.00	
l	ID#	2900 LOCUST ST. WEST DES MOINES, IA 50265			
8-31-09	10#	GARY THELEN			1
0 3, 0 ,	CK#	2182-6TH ST.		35.00	
	ID#	MEST DES MOINES, IA 50265	*****		
9-2-09	10#	SHERYL ANN CHRISTIANSEN		75.00	
	CK#	1105 674 ST.			
	ID#	WEST DES MOINES, IA 50265			
9-1-09		MARK J. ROCHA 2316 HILLSIDE AVE.		360.40	
	CK#	WEST DES MOINES JA 50265			L
0 - 1	ID#			100 00	
9-9-09	01411	DAVID V. MORRIS 621 674 5T.		100.00	1
	CK#	WEST DES MOINES, IA 50265			L
9-11-09	ID#	JANE L. STEPHENSON		100.00	
7-11-09	CK#	340 6TH ST.		100.00	
	Oran	WAUKEE, IA 50263			
9-11-09	ID#	BLAINE L. HILL		100.00	
1 11-01	CK#	516 32D 3T.		. 5 2 . = 0	
		WEST DES MOINES. IA 50265		İ	<u> </u>
9-11-09	ID# 6019	CWA LOCAL 7102-POLITICAL ACTIO	d	500.00	
, 1	CK# 0662	3612 5W 9TH 5T.	-	333130	
	0000	DES MOINES IA 50315			
		•	SUB-TOTAL	9172040	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

TOTAL (if last page of this schedule)

Page ______ of ____6

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(Including candidate's personal ful	nds)	

(Rev. 07/03)	MONETARY RECEIPTS
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COMMITTEE NAME (Must be same as on Statement of Organization)

MARK J. ROCHE FOR CITY (AUA)CLL

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DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK		TO CANDIDATE*	RECEIVED	FUND-
(IVIIVIDD/TR)	NUMBER		(if applicable)		RAISER INCOME
9-12-09	ID#	MARK A. THORSON			
' ' ' ' '	CK#	2355 S. 13TH ST.		\$100.00	
		WEST DES MOINES, IA 50265			
9-15-09	ID# 6017	CENTRAL IA BLOG. & CONST. TRADES			
1 10 0 1	CK# 3244	COUNCIL-PAC		1 000 -	
	<u> </u>	PO.BOX 7310, DESMONNES, IA50309.7310		1,000.00	
	ID#	STEVE DUNCAN			
9-15-09	CK#	221 3RD 67.		_	
	15.4	WEST DES MOINES, IA 50265		250.00	
	ID#	LENA K. ROCHA			
9-18-09	CK#	119 7TH ST. WEST DES MOINES, IA 50265			
1-10-09	ID#		AUNT	150.00	
		RANDY ROCHA			
9-22-09	CK#	2801 LOGAN AVE.	00	100 00	
	ID#	DES MOINES, 14 50317-7919	Cousin	100.00	
		JODI R. BRINDLEY			
9-25-09	CK#	929 15TH ST.		25.00	
25 01	ID#	WEST DES MOINES, IA 50265		43.00	
	01/4	JOHN K. VERNON]]
9-27-09	CK#	2820 SCENIC PLACE		100.00	L
	ID#	WEST DES MOINES IA 50265 JUDE MARIE BRAUNE		, , , , , ,	
	CK#	1025 1874 ST.			
9-29-09	Orar	WEST DES MOINES IA 50265		50,00	L
	ID#	DIANE K. AUSTIN			
10 1 00	CK#	4601 PARK DR.			
10-1-09		WEST DES MOINES, IA 50265		75,00	
10-3-09	ID#	KEITH PETERS			
10 5 011	CKI	4307 E. GATENOOD RD.		50,00	
		PHOENIX AZ 85050-6922		ي ب	
			SUB-TOTAL	490000	

TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 6 (for Schedule A)

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For Instructions, See Bac	K OT FORM

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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Reset Form

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DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	I RELATIONSHIP	I AMOUNT	T √ IF FOR
RECEIVED	(if applicable)		TO CANDIDATE*	RECEIVED	FUND-
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)		RAISER
10-7-89	ID# 9716	IBEN LOCAL 347 PACFUND			1
, ,	1			\$250.00	
	ck#2250	850-18TH ST. DES MOINES, 7A 50314			
10-8-89		DICK DEARDEN			
	CK#	3113 KINSEY AVE.			
		DES MOINES, IA 50317-663	`	100.00	
10-9-09	ID#	CONNIE MARTURELLO			
' ' '	CK#	3620 S.W. 9TH ST.			
		DES MOINES, IA 50315		25,00	
10:9-09	ID#	MARK L. SMITH			
	CK#	3917 TWANA DR.		·	
	104	DES MOINES, IA 50310		50.00	
9-28-09	1D# 6089	CRERATING ENGINEERS LOCAL 234			
	ск# 472	4880 HUBBELL		1000	
	1D#	DES MOINES, 74 50317		1,000,00	
10-12-09	10#	VIGIE FRY	MOTHER		
	CK#	495 5.51 ST. ST. #47			
	ID#	WEST DES MOINES, IA 50265		50.00	
10-12-09	ILD#	W.P. O'DOWNELL			
	CK#	708 32ND ST.		25.00	<u></u>
	ID#	WEST DES MOINES TA 50265		25.00	
10-12-09		VICTOR J. MUNOZ JR.			
	CK#	4111 É.MADISON AVE.		£3	
	ID#	DES MOINES IA 50317-4521		5∂.∞	
10-12-09		MARGO E. O'MEALA			
	CK#	WEST DEC MANAGE TO ESTA		100	
Fm 10 - A	ID#	WEST DES MOINES TA 50265		100,00	
10-12-09		MARY KAY PENCE 2106 S.W. 35TH ST.			
	CK#	ANKENY, IA 50023		50.00	
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			000 10 I/L	all a color	

TOTAL (if last page of this schedule)

Page 3 of 6 (for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of	Form

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

MARK J. ROCHA FOR CITY COUNCIL

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10-12-09	ID# CK#	LIBA WALKER 910 DOUGLAS AVE. DES MOINES, IA 50313		\$ 25,00	
10-12-69	ID# CK#	DON E. DAWSON II 305 NORTH 16TH ST. INDIANOLA, IA 50125	,	25.00	
10-12-69	ID# CK#	NICK BOSOVICH 1111-33RD ST. WEST DES MOINES, JA 50266-2136		20.00	
1072-09	ID# CK#	JULIE ADAMS 208- 2ND ST. WEST DES MOINES, IA 50265		10.00	
10-12-09	ID# CK#	L.G. GILMAN P.O. BOX 364 JOHNSTON, FA 50131		20.00	
10-12-09	ID# CK#	W.P. O'DONNELL 708 32ND ST. WEST DES MOINES, IA 50265		25,00	
10-12-09	ID# CK#	KRISTI K. CARMAN 445-2ND ST. NW +306 ALTOONA, FA 50009		25.00	
10-12-09	CK#	DAVID E. ANDERSON 1728-19TH PL. WEST DES MOINES, IA 50265 1641		50.00	
10-12-09	ID# CK#	DONALD R. SMITH 1701 ASHWORTH RD, WEST DES MOINES, TA 50265-3308		50.co	
10-12-09	ID# CK#	DIANE D. BAKER 7023 SHALON DR. ULBANDALE, JA 50322-1899		50.00	
			SUB-TOTAL	0 300 00	

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Page _____ of ____

TOTAL (if last page of this schedule)

For	Instruc	ctions.	See	Back	of Form

(Including candidate's personal funds)

(minimum of personal latter)	
COMMITTEE NAME (Must be same as on Statement of Organization)	CHECK THIS BOX II AMENDING FORM
MARK J. ROCHA FOR CITY COUNCIL	

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10-12-09	ID# CK#	DANNY RODISH 4068 N.W. 102ND PL, POLK CITY, IA 50226		\$100.00	
10-12-09	ID# CK#	KERRY BOWEN 7215 REITE AVE. WINDSOR HEIGHTS, IA 50324		25.00	
10-12-09	CK#	GARY THELEN 218/2 GTH ST. WEST DES MOINES, IA 50265		35.00	
10-12-09	ID# CK#	DALE ROSECK 13075 PINECREST LANE CLIVE, JA.50325-8747		50.00	
10-15-09	ID# CK#	LINDA RASMUSSEN 6846 NE ALAMEDA ST. PORTLAND. DR 97213-5902		25.00	
10-15-09	UN#	THOMAS I. HENDERSON 6239 N. WINWOOD DR. JOHNSTON, IA 50131		100.00	
10-15-09	ID# 6/33 CK# 1031	SOUTH CENTRAL IA FEDERATION OF LABOR, 2000 WALKER ST., STEH DESMOINES, IA 50317	~~	250.00	
10-15-09	ID# CK#	SCOTT A. LONG 815 28TH ST. DES MOINES, IA 50312-4835	·	100.00	
10-15-09	ID# CK#	MIKE JOHNSON 1208-18TH ST. WEST DES MOINES, IA 50265		50.00	
10-15-09	ID# CK#	DAVID J. LEON 425 18TH ST. WEST DES MOINES, FA 50265		35,00	
			SUB-TOTAL	\$ 770.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 5 of 6 (for Schedule A)

TOTAL (if last page of this schedule)

SCHEDULE

(Rev. 07/03)

MONETARY

RECEIPTS

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(Including candidate's personal funds)

	CHECK THIS BOX IF
COMMITTEE NAME (Must be same as on Statement of Organization)	AMENDING FORM
MARK J. ROCHA FOR CITY COUNCIL	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10-15-09	ID# CK#	SCOTT'S SHOPPE 542-574 ST. WEST DES MOINES, IA 50265-4636		\$15.00	
10-15-04	ID# CK#	MONICA ROCHÁ SMITH 504 53RD PL. WEST DESMOINES, IA50266-7255	SISTER	50.00	
10-15-09	ID# CK#	DEBRA L. BURROWS 536-4TH ST. WEST DESMOINES IA 50265-4620		50.00	
10-15-09	ID# CK#	BRUCE ARNOLD 7500 BLOOMFIELD RD. *14 DES MOINES JA 50320	-	25.00	
10-15-09	ID# CK#	BRUCE L. HUNTER 452 WILMERS AVE. DESMOINES.IA 50315		50.00	
10-23-09	ID# /	CWA COUNCY OF STATE OF IA COPE FUND, 369 CALIFORNIA ST. WATELLOO, IA 50703		500.00	
10-21-09	CK#	GREGORY G. ROCHA 208 FLYNN DR. EL PASO, TX 79932	Cousin	50.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				
			SUB-TOTAL	-771.000	

TOTAL (if last page of this schedule)

SCHEDULE

(Rev. 07/03)

MONETARY

RECEIPTS

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^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
B (Rev. 07/03)	MONETARY EXPENDITURES

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

MARK	J. ROCH	A FOR CITY COUNC	11_	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9-4-09	ID#	SECRETARY OF STATE	LABELS	
	CK# 095	DES MOINES, JA 50319		\$54.80
9-8-09	ID#	WELLS FARGO BANK	CHECK PRINTING	
10-01	CK#	666 WALNUT ST. DESMOINES, JA 50309		19.95
	ID#	CARTER PRINTING	YARD SIGNS & WIRES	
9-29-09	CK# /200	1739 E. GRAND AVE. DESMOINES JA 50316	7,1,20 3,2,10 9 11,20	1,403.97
	ID#	ED AMÉS	YARD SIGN WIRES	2-1
10-6-09	CK# 1202	304 6TH ST. WEST DESMOINE, IA		25.44
10-6-09	ID#	DAHLS	POSTAGE STAMPS	1
10-6-01	CK#	1208 PROSPECT WEST DES MOINES, JASOZEA		44.00
10-7-09	ID#	WEST DES MOINES P.O.	POSTAGE STAMPS	(14)
<i>(</i>	CK#	5 TH ST. WEST DESMOINES, TASOZES	70077100 012111170	44.00
112 P 600	ID#	CARTER PRINTING	LETTERHEAD, ENVELOPES &	
10-8-09	CK#		CARDS	642.36
	ID#	DAHLS	BEVERAGES FOR	
10-11-09	CK#	1208 PROSPECT WEST DES MOINES JA50765	COMMITTEE MEETING	48.73
			SUB-TOTAL	\$2,283.25
			TOTAL (if last page of this schedule)	\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE		
B (Rev. 07/03)	MONETARY EXPENDITURE:	
	CK THIS BOX IF	

COMMITTEE NAME (Must be same as on Statement of Organization)

MARK	J. ROC	HA FOR CITY COU	INCIL	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-12-09	ID#	TARGET 1800 VALLEY WEST DE. WEST DES MOINES, JASOLO		\$ 28.98
10-14-09	ID# CK#	WDM POST OFFICE 574 ST. WEST DES MOINES, IN 50265	POSTAGE STAMPS	396.00
10-14-09	ID# CK#	IA SECY OF STATE LUCAS BLDG, IST FLOOR DES MOINES, IA 50319	LABELS	101.20
10-18-09	ID# CK# 1201	CARTER PRINTING 1739 E. GRAND AVE. DES MOINES, IA 50316	CARDS, ENVELOPES, MAILERS & SIGN WIRES	598.90
10-18-09	ID# CK#/203	POLK CO. ELECTION OFFICE 120-2ND AVE, SUITE A DES MOINES IA 50309	ABSENTEE VOTER LIST	10.00
10-22-09	ID# CK# <i>1204</i>	CARTEL PRINTING 1739 E. GRANDAVE. DES MOINES, IA 50316	CARDS	109.18
	ID# CK#			
	ID# CK#			
			SUB-TOTAL	\$ 1 2 24

SUB-TOTAL

1,297

TOTAL (if last page of this schedule)

\$3,527.51

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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